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University of San Francisco

Families in San Francisco's SROs: Community Caseworker's Guide to a Narrative-Based Intake

A Field Project Presented to
The Faculty of the School of Education
International and Multicultural Education Department

In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts in International and Multicultural Education

by
Daisy Dominguez
May 2015

Families in San Francisco's SROs: Community Caseworker's Guide to a Narrative-Based Intake

In Partial Fulfillment of the Requirements for the Degree

MASTERS OF ARTS

in

INTERNATIONAL AND MULTICULTURAL EDUCATION

by

Daisy Dominguez

May 2015

UNIVERSITY OF SAN FRANCISCO

Under the guidance and approval of the committee, and approval by all the members, this filed project has been accepted in partial fulfillment of the requirements for the degree.

Approved:

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Instructor/Chairperson

May 16, 2015
Date

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CHAPTER I INTRODUCTION

Statement of the Problem

The Universal Declaration of Human Rights states, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control” (UN General Assembly, 1948). With poverty levels rising in California, it becomes increasingly difficult for families to meet basic housing needs. Additionally, the increase in globalization has resulted in an unprecedented flow of immigrants to the city of San Francisco, many of whom are in search of affordable housing. Many undocumented immigrants arrive in California and quickly realize they are unable to qualify for need-based housing programs because of their undocumented status. One of their limited options are Single Room Occupancy (SRO) hotels.

The SRO hotel exists in most North American cities. They are the housing option of last resort for those with the most limited incomes and resources. SROs house the most vulnerable and marginalized populations in a city. Despite the links between marginalized housing, illicit drug use and poor health outcomes, unregulated SROs have remained largely at the periphery of harm reduction policy and practice (Shannon, Ishida, Lai, & Tyndall, 2005). In the United States, families living in SROs are considered categorically homeless as it is difficult for those living in SROs to become permanent tenants.

Growing income inequality, undocumented immigration, and single-mother headed households have contributed to increasing poverty rates (Reed, 2006). In a city like San Francisco, housing deemed suitable for families is increasingly difficult to find due to escalating rental prices and stagnant wages for most workers. San Francisco, while limited in safe, affordable, and public housing, is a city rich in other social resources. For example, San Francisco has extensive resources for health insurance, including health insurance for undocumented children and families, mental health services, food access programs, public transportation, education, and low-wage employment opportunities. These services make San Francisco a desirable place for immigrants. SROs serve as one of the only affordable housing options in San Francisco, especially in neighborhoods known to house many of the incoming immigrant populations. Neighborhoods such as the Tenderloin, South of Market (SoMA), Chinatown, and the Mission are the remaining neighborhoods where SROs can be found.

In San Francisco, the number of homeless and marginally housed males outnumber homeless and marginally housed females — over 60% of SRO residents are male. In turn, this creates a predominantly male culture in the hotels (Kelly, 2009). Males outnumber females in African American, Latino, Native American, and White ethnic groups in the San Francisco SRO population. This statistic compounds the issues already faced by women and children living in SROs because limited supportive services are typically designed through the lens of a majority group. Through this lens, the standard practices of SROs are not inclusive to the safety and needs of women and children, the most vulnerable communities within SROs. Due to the male-dominated culture in SROs and tenants proximity to violence, further explorations should be

initiated to identify and address the issues that surround the experiences of women and children living in San Francisco's SROs with the intention of affecting housing policy. Between March and June of 2009, more than half of all San Francisco's violent crimes in the following categories occurred in the four neighborhoods with a high number of SROs: assault; burglary; drug/narcotic, larceny/theft, robbery, and forcible sex offenses (Kelly, 2009).

Gender, race, class, sexual orientation and other identities play a major role in the lived experiences of women and their families in SROs. Kimberle Crenshaw (1994) states, "In the context of violence against women, this elision of difference is problematic, fundamentally because the violence that many women experience is often shaped by other dimensions of their identities such as race and class. Moreover, ignoring differences within groups frequently contributes to tension among groups" (p. 359). Currently, San Francisco's housing climate and policy do not adequately address the issues and dangers women and children face in the SRO environment — if we can promote a housing environment where safety and wellness for women and children are a baseline, I argue that this environment will be inclusive for all residents. While a city like San Francisco offers distinct services to some people living in SROs, how do we continue to leave women and their families at the margins of these services already on the periphery? Although there are many services, the state of affordable housing fails many groups of our community, and it is imperative to consider those at the greatest risk when revising service offerings.

SROs have stigma attached to them, mostly attributed the environment and high crime rates surrounding the buildings. Nonetheless, for as many disadvantages there are

advantages that can be promoted in this type of housing —both of which will be discussed further in the literature review section of this paper. In a city with a housing crisis, it is very important to keep any affordable available housing stock such as SROs thriving. However, how do we promote healthy and safe environments for all residents? Furthermore, how do we amplify their voices in ways that allow their narratives to inspire and align supportive services with the needs of the SRO tenant? In effect, an effort to consider the intersectionality through a critical social theory lens could lend to inspire policy change as narratives highlight the impact of globalization on a market like San Francisco where safe housing is often unattainable. By researching and developing a tool to help collect the narratives of populations living in SROs, this information can be used to promote supportive services using practices that keep even our most vulnerable population, children, away from harm and promote a healthy environment.

Purpose of the Project

With the knowledge that intersectionality shapes the experiences of many women of color (Crenshaw, 1994), I hoped to develop a practitioners' guide to collect the narratives of women and their families currently living in San Francisco's SROs and use the information to contribute to discourse on issues and implications drawn from living in SROs. The purpose of this project is to bring to light the issues faced by women and children living in SROs by developing a tool for community based workers that incorporates a Critical Social Theory and Intersectionality lens in the first steps of getting to know a community member and their everyday reality. This project aims to develop an intake form that incorporates narratives of families living in SROs and provides an outlet for their narrative to coordinate supportive services. Documenting the everyday lived

experiences of families living in SROs is imperative to better orient community-based organizations that support and connect families to community resources. By aligning support, this, in turn, could create a base of information to present to stakeholders and policy makers in hopes of aligning city and community goals with SRO occupant's reality.

As a community case worker, I am aware that a gap exists between local policy and SRO regulations that deeply affects the living standards of residents. As a caseworker my role in the community is to listen to the narratives of these families and find ways to connect residents to community resources. While working with women and their families living in SROs, I have found that our intake forms do not provide an outlet for them to share their experiences from a perspective that recognizes their sense of agency. In a speech delivered by Audrey Lorde, she states, "I have come to believe over and over again that what is most important to me must be spoken, made verbal and shared, even at the risk of having it bruised or misunderstood. That the speaking profits me beyond any other effect" (p. 40)." Oftentimes, I find that the most helpful part of the case management process is the initial sharing of their lived experience; it is a way of transforming silence into language and action. By collecting narratives of women of color living in SROs, it can serve as an outlet to name oppression in institutionalized marginalization for all who are affected.

In the city of San Francisco there is a system of Family Resource Centers funded by First 5 and the Human Services Agency. First 5 of San Francisco describes the Family Resource Center Initiative as the following:

Since 2009, San Francisco has been home to the Family Resource Center Initiative, a system of Family Resource Centers funded by First 5 San Francisco,

the Department of Children Youth, and their Families, and San Francisco Human Services Agency. The Initiative consists of primary, lead agencies that offer a full scope of services, as well as agencies that are subcontractors offering additional services in focused areas. Agencies and their subcontractors are funded to serve either a specific geographic neighborhood or a particular target population of families (e.g. homeless families and pregnant or parenting teens). Services can be obtained through any one of our 25 centralized access points. (Family Resource Centers, 2015)

Human Services Agency advertises the Family Resource Centers as the following:

Feeling stressed and overwhelmed by all the responsibilities of parenting? A local Family Resource Center can help. With funding from HSA, neighborhood-based Family Resource Centers provide parents with a range of support services such as child care, counseling, parent education, mentoring, case management, and other activities that strengthen families and improve child well-being. (Family Resource Centers, 2015)

In San Francisco's Family Resource Centers (FRCs), there are recommended standards set forth by First 5 and HSA. I am a case worker at the South of Market Family Resource Center — the South of Market neighborhood has a substantial number of SROs.

Previously, I also worked in the Tenderloin neighborhood as a case worker, which has the highest number of SROs in San Francisco. Working in these communities has helped me gain an understanding of life in SROs where my caseload is comprised mostly of families. Women and children living in SROs are often marginalized and the socio-economic and cultural environment of this type of housing needs to be furthered explored through alternative methods.

Typically, the first point of contact with a community member seeking resources includes an intake form. The intake form is designed to gain an understanding of what resources the family needs access to the most. The intake form usually ask questions on the following topics:

- Client information (date of birth, gender, orientation, ethnicity, race, relationship status, language)
- Citizenship/immigration status
- Housing status
- Household composition
- Children (DOB, sex, school/grade), custody status
- Health insurance, HIV status, medical information
- Household monthly income source and benefits
- History of incarceration
- Mental health
- Domestic violence history
- Substance abuse

The information the intake form captures has the express purpose of helping the caseworker understand where the client has the highest need. For this project, I will create an intake form that incorporates a narrative based approach to gain a further understanding of the needs of SRO residents. Research suggests that SRO residents have perceived barriers to accessing resources. Current practices for case management utilize an *objective* way of gathering information for case management services. However, I argue that this approach does not facilitate a self-reflective practice that captures the everyday experiences of women and their families. This intake form will be specifically for women and their families living in SROs but can be adopted for use by caseworkers for other clients living in other forms of transitional housing.

Theoretical Framework

My project is framed by critical social theory (CST) and intersectionality through feminist sociological theory. Zeus Leonardo (2009) defines CST as “An intellectual form that puts criticism at the center of its knowledge production. Through criticism, CST pushes ideas and frameworks to their limits, usually by highlighting their contradictions” (p. 14). Intersectionality is related to feminist sociological theory. The concept refers “to the interactivity of social identity structure such as race, class, and gender in fostering life experiences, especially experiences of privilege and oppression” (Gopaldas, 2013, p. 90).

Critical Social Theory

CST can connect theories and larger frameworks to current social needs and thus making criticism a possibility. When social issues are viewed through a CST lens, one can identify the contradictions and call upon their community to be agents of change. In using CST to look at structural and social issues impacting SRO residents in San Francisco, we can begin to find part of the solution by reframing our questions. Critical Social Theory is not criticism for the sake of critique. Leonardo states (2009), “That said, mainstream audiences often mistake criticism for political agendas as opposed to engagement, as if only critics have an agenda. Criticism is (mis)constructed as pessimistic, judged as a form of negativity, and not in the sense that Adorno (1973) once promoted” (p. 20). While looking at structural issues that affect SROs residents, this project attempts to collect reflections that lead to an inquiry. Patricia Hill Collins (1998) writes the following about CST:

In my view, critical social theory constitutes theorizing about the social defense of economic and social justice. Stated differently, critical social theory encompasses bodies of knowledge and sets of institutional practices that actively grapple with the central questions facing groups of people differently placed in specified political, social, and historic contexts characterized by injustice. What makes

critical social theory “critical” is its commitment to justice, for one’s own groups and/or for other groups. (p. xiv)

By unearthing the questions that arise from communities being affected most by these policies, this project aims to move in a direction that deconstructs and then reconstructs knowledge in the interest of emancipation and further the understanding that CST is a never ending process (Leonardo, 2009). A CST lens is appropriate in helping to identify barriers frequently faced by SRO residents and most importantly for residents to recognize social patterns they may have experienced in their lifetime. By having an outlet for SRO residents to examine and critique systems and institutional arrangements as opposed to only discussing “personalistic sources of suffering” (Leonardo, 2009, p. 17). Personalistic sources of suffering can be those that stem from relationships and individual instances of oppression. These individual instances of oppression are often brought up during the case management process and laid out on the intake form, however, this only captures the personal and does not capture the social aspects which lead to the pervasiveness of the experiences in SRO residents’ life.

In Cassandra McKay’s research, she explores community education and states; “African American community education can act as a vehicle by which to interrogate these master narratives. Further, this type of adult education empowers learners to gain skills to assess the social and political contradictions and injustices of society, and assert action in addressing those contradictions and injustices” (p. 26). However, McKay’s research suggests that educational programs that focus only through the lens of critical pedagogy do not address “racially oppressive practices due to its shortsightedness on the intersectionality of race and class” (p. 26). In CST, it is important to posit the relationship between structures that generate oppressive systems and its affected members of society

(Freeman, Vasconcelos, 2009).

Intersectionality

The theory was first highlighted by Kimberle Crenshaw to describe how race, gender, and other axis of identities interact to shape black women's employment experiences (Crenshaw, 1994). Crenshaw highlights how identity politics not only fails to transcend differences, but also how it frequently dismisses intra group differences, particularly when discussing feminism or antiracism, "because of their intersectional identity as both women *and* people of color within discourses that are shaped to respond to one *or* the other, the interests and experiences of women of color are frequently marginalized within both" (Crenshaw, 1994, p. 94). Crenshaw's observations reveal how intersectionality shapes the experiences of many women of color. Through awareness, we can be better equipped to negotiate the tensions and come up with strategies to express those differences. Although intersectionality was coined by Crenshaw, the concept has been developed over the last couple of decades by advocates and scholars of black feminism and third wave feminism, both of which share an important alliance between postcolonial feminists, transnational feminism, and third wave feminism.

A key aspect of third wave feminism is that the personal *is* political ideology. Third wave feminism in relationship to peace and justice offers the following: Responsible choice grounded in dialogue; respect and appreciation for experiences and dynamic knowledge, an understanding of 'the personal is political' that incorporates both the idea that personal experiences have roots in structural problems, and the idea that responsible, individuated personal action has social consequences, use of personal

narratives in both theorizing and political activism and political activism as local, with global connections and consequences (Zimmerman et al., 2009).

Third wave feminism seeks to end relationships of oppression. This process must begin with individuals understanding power and dominance. Third wave writers echo Paulo Freire (2009), who states, “Dehumanization, which marks not only those whose humanity has been stolen, but also (though in a different way) those who have stolen it, is a distortion of the vocation of becoming more fully human” (Freire, 2009, p. 44). By incorporating narratives into practice, third wave writers attempt to dismantle the oppressor-oppressed relationship and restore both the oppressor and oppressed to fullness in their subjectivity. Third wave feminism acknowledges that the struggle to end relations of domination begins with the oppressed and calls on the oppressed to share their personal narratives. Through sharing, the face or subjectivity of that person who has been objectified is revealed. (Zimmerman et al., 2009).

Significance of the Project

And where the words of women are crying to be heard, we must each of us recognize our responsibility to seek those words out, to read them and share them and examine them in their pertinence to our lives. That we not hide behind the mockeries of separations that have been imposed upon us and which so often we accept as our own. (Lorde, 1984, p. 43)

With the knowledge that personal narratives and storytelling can serve to name the oppressor and bring to light a wrong, it is important to create opportunities for these stories to be heard. By doing so, one can analyze all the intersections of race, class, gender, language, sexuality, and all other axioms that contribute to the conditions of the

SRO environment and proximity to violence. These narratives could impact listeners to act on behalf of the speaker in an effort to arrive at social justice and redemption (Reyes & Rodriguez, 2012). Castro-Salazar and Bagley (2010) write, "From the CRT perspective, narratives and stories like the ones revealed through this research help the oppressed to create their own shared memory and history which can then be used as a source of strength as they work within a system dominated by a narrative that excludes and minimizes their existence" (p. 34). Consistent with CST methodology, the life-history/narratives of women of color living in SROs can be function as a means to personally legitimize and empower. Peace activist and writer Maxine Hong Kingston writes (2003), "The language of peace is subtle. The reasons for peace, the definitions of peace, the idea of peace have to be invented, and invented again" (p. 402). With Kingston's idea of peace, storytelling and personal narratives can reinvent the ideas for peace. Lived experiences come in many shapes and forms, and no two are exactly the same. Through narratives, we can continuously reinvent the ideas for peace and social justice.

Definition of Terms

For the purpose of this critical study, the researcher utilized the following terms:

Single Room Occupancy (SRO) Unit: A dwelling unit or group housing room consisting of no more than one occupied room with a maximum gross floor area of 350 square feet and meeting the Housing Code's minimum floor area standards. The unit may have a bathroom in addition to the occupied room. As a dwelling unit, it would have a cooking facility and bathroom. As a group housing room, it would share a kitchen with one or more other single room occupancy unit/s in the same building and may also share a

bathroom. A single room occupancy building (or “SRO” building) is one that contains no residential uses other than SRO units and accessory living space (San Francisco Code 890.88).

Intersectionality: “Intersectionality may be defined as a theory to analyze how social and cultural categories intertwine. The relationships between gender, race, ethnicity, disability, sexuality, class and nationality are examined. The word intersection means that one line cuts through another line, and can be used about streets crossing each other” (Knudsen, 2003, p. 61).

CHAPTER II REVIEW OF THE LITERATURE

Introduction

The following literature review has these objectives: provide a background of the SRO environment, present human service needs of SRO residents, and explore methodologies for developing a casework plan for human service needs of SRO residents. I plan to fulfill these objectives by exploring the following topics: SROs as marginal housing, SROs proximity to violence, supportive services for families with children living in SROs, and the value of voice in casework.

SROs as Marginal Housing

The city of San Francisco offers a wide range of supportive services for families and their children, however, with the rising costs of rent and very low vacancy rates, it is hard for families and their children to find places to live. Affordable housing stock in San Francisco is extremely limited and preserving SROs as viable alternative housing for those in need should be prioritized in city policy. The quickly disappearing SROs currently house more individuals than San Francisco's Housing Authority (SFHA) public housing developments; however, SROs do not have the same advantages (Kelly, 2009). Low-income families are often faced with the choice of moving out of the city and losing a wealth of resources, or finding housing often at the periphery for regulating safety standards. SRO hotels vary in the quality of life they offer residents. Mismanagement can result in unsafe and unsanitary conditions (Shepard, 1997). For an estimated 100 million people around the world who are homeless, the security, warmth and protection a home provides remains elusive. Yet, if we include persons who are marginally housed with housing that is temporary, insecure or of poor quality, the world's homeless

population approaches 1.1 billion. While the historical background and public response to SRO proliferation differs from city to city, the documented living environment and social context of SRO living is similar. SRO residents represent some of societies' most marginalized populations, from new immigrant populations to those struggling with mental illness and/or drug addiction (Shannon et al, 2005). A standard SRO unit contains a small single room (100 sq. feet) with a mattress, occasional cooking facilities, and toilet facilities that are usually shared by all residents on a floor of a hotel.

The highest concentration of SROs in San Francisco is in the Tenderloin, South of Market (SoMA), and Chinatown neighborhoods.

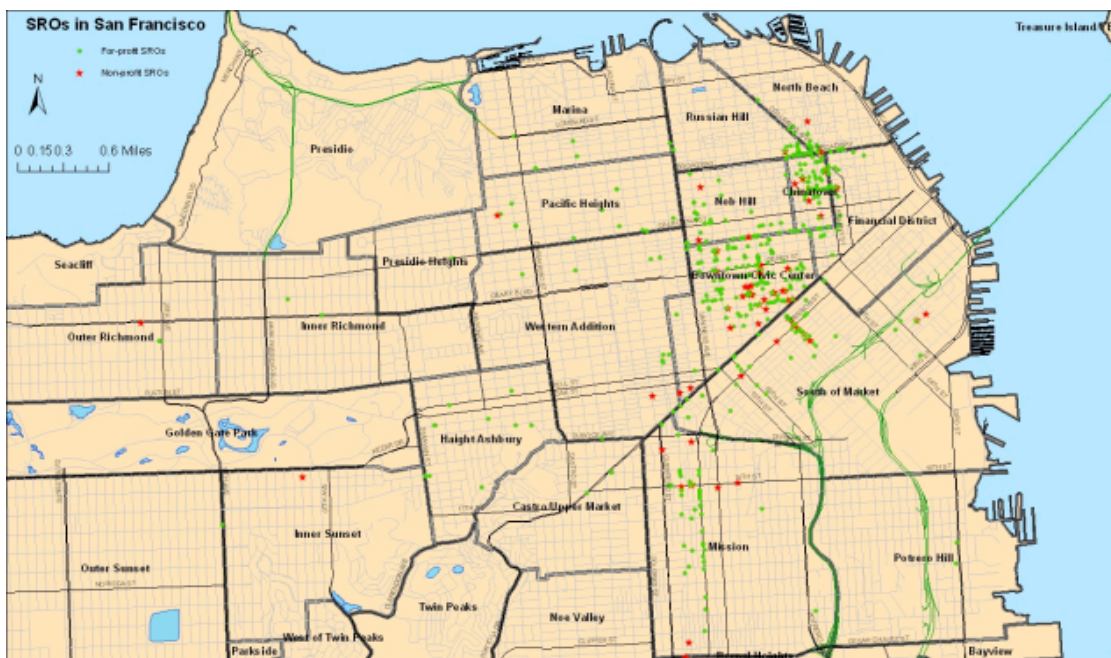


Figure 1. SROs in San Francisco and Planning Department Neighborhoods (Fribourg, 2009)

Figure 1 displays the SROs in San Francisco including for-profit and non-profit SROs.

Fribourg's report states the following:

An estimated 18,500 people live in the 530 buildings classified as SROs by the Planning Department. The city works closely with 46 of these hotels through the

Human Service Agency (HSA)'s Single Adult Supportive Housing program, including Care Not Cash, and the Department of Public Health's Direct Access to Housing program. Sixty-six are owned by non-profits. The remaining hotels represent opportunities for mutually beneficial partnerships between service providers and hotel owners. (p. 3)

The majority of unregulated SRO buildings are privately managed and offer limited services or building maintenance. Many are located in century-old buildings that require frequent repair and structural maintenance. In several cases, managers require tenants to leave their rooms for a day or two after renting for 21–28 days to circumvent the law that states residents acquire permanent tenancy after 30 days of continuous occupation. As a result, many SRO residents find themselves sleeping on the streets at some point throughout the month. By United Nations' definitions, people living in SROs are the relative homeless, lacking adequate protection from the elements, access to safe water and sanitation, affordability, and security of tenure and personal safety. Despite the substandard living conditions of these SROs, in many cities they represent the only safety net between a resident and the street or absolute homelessness. SROs are the largest supply of low-cost rental housing in San Francisco; there are over five-hundred SRO residential hotels in San Francisco that are home to more than 30,000 residents (Fribourg, 2009).

In San Francisco, young children have higher poverty rates (21%) than any other age group, and women have higher poverty rates than men (16% versus 14%) (Reed, 2006). Poverty amongst Latinos and African Americans is roughly twice that of U.S.-born whites (about 20% versus 9%). Need-based housing programs intended to assist families who meet requirements are mostly restricted to U.S. citizens and residents (Siskin & McCarty, 2012). The issue of noncitizen eligibility for federally funded

programs is a persistent issue in Congress. Noncitizen eligibility varies among the need-based housing programs administered by the U.S. Department of Housing and Urban Development (HUD), such as Public Housing, Section 8 vouchers and project-based rental assistance, homeless assistance programs, housing for the elderly and the disabled, the HOME program, and the Community Development Block Grants (CDBG) program (Siskin & McCarty, 2012).

SROs in SoMA and Tenderloin Neighborhoods

For the purpose of this project, I focused on privately owned SROs in SoMA and Tenderloin neighborhoods of San Francisco (see *Figure 2* and *Figure 3*).

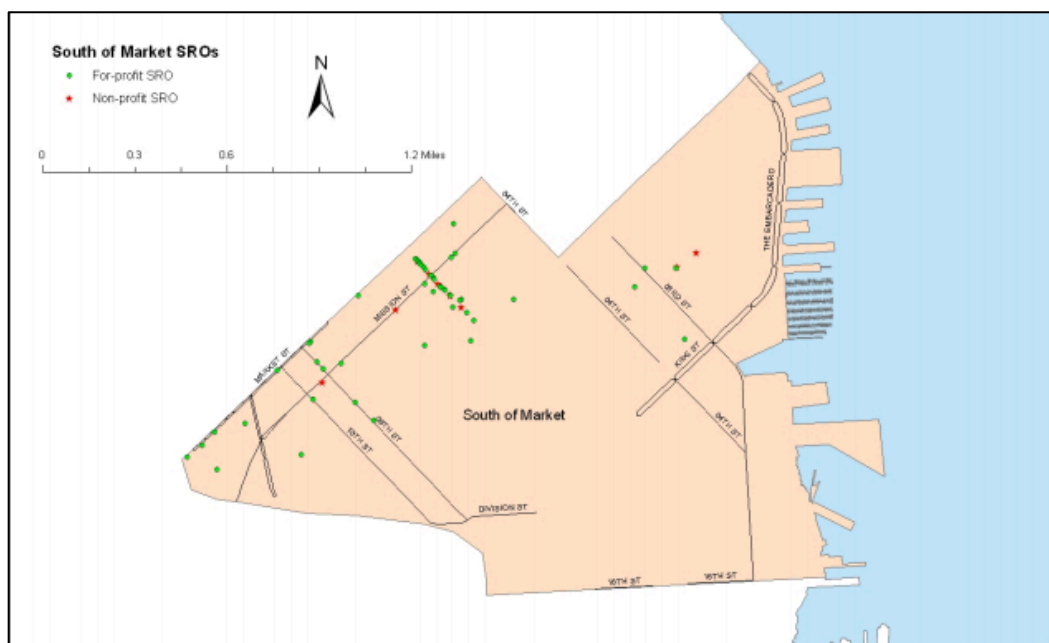


Figure 2. SROs in SoMA (Fribourg, 2009)

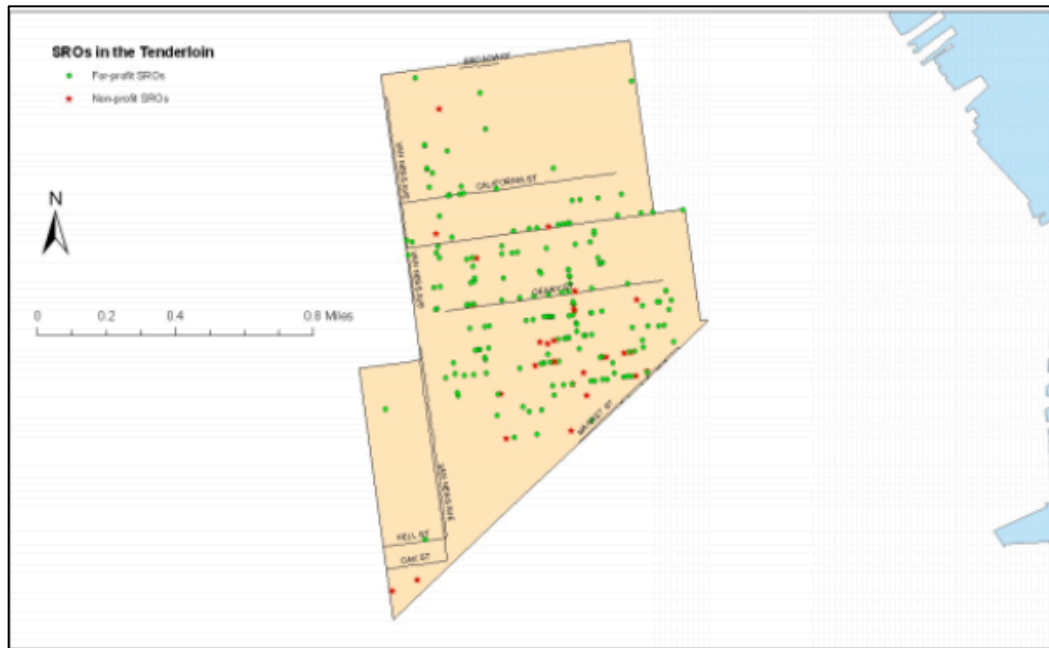


Figure 3. SROs in Tenderloin (Fribourg, 2009)

In these two neighborhoods, SROs are usually congregated within a particular strip. For example, in SoMA, there are distinct streets that serve as the strip for SRO row housing. Redevelopment projects for SoMA began in the 1950s with the demolition of SRO housing stock which spurred the loss of housing to thousands of SRO residents. SROs in SoMA primarily lie on a strip on 6th Street. While San Francisco is experiencing a White-return (vs. White flight) and gentrification due to the tech sector, affordable housing is increasingly minimized into smaller sectors of the city creating distinct divides. As divisive as these neighborhoods become, it is important to understand the impact and safety net this type of residency provides for the most vulnerable community members. When discussing the SRO climate, one factor that is imperative to understand is the distinction between privately owned and city-leased/nonprofit-run SROs. Aimee Fribourg's Advanced Policy Analysis (2009) on SROs included interviews with

residents. Through interviews, Fribourg revealed the following perceptions on the distinctions between privately owned and city leased/nonprofit-run SROs:

Privately-owned SROs

- No resources or on-site support
- Often have no lease and no/unclear rules
- Residents often stay for very short periods of time (e.g., one week)
- Incidents of prostitution, drug dealing, break-ins, violence, noise, unhygienic bathrooms
- Buildings in ill repair
- More expensive rent

City-leased/Nonprofit-run SROs

- On-site case managers
- Coordinated responses, rules (may be overly restrictive), security
- Buildings must be well maintained
- Base of stable residents
- Foster a sense of community and social networks (e.g., welcome parties for new tenants, communal events)
- More connected to services (for example, 70%-80% of Glide's SRO clients live in nonprofit hotels)
- More difficult to get into, long waitlists (ten to twelve months)

The shrinking number of SRO hotels due to keeping in line with a redevelopment plan that began in the 1950s gives insight into how deeply connected the issues facing SROs are linked to local government. These are only a couple examples of systemic issues that

are contributing pervasive factors to the actual and perceived dangers of SRO neighborhoods in SoMA and Tenderloin.

Safety and Health Outcomes of Residents in Substandard Housing

There are many factors that contribute to the safety and health outcomes for families with children living in SROs. The impact of neighborhoods and dangers families with children are exposed to can have adverse affects, particularly for children. Conditions such as unemployment and unsafe neighborhoods deeply impact health outcomes of children and their parents living in SROs. In Dan Kelly's 2009 report on Fiscal and Policy Implications for Single Room Occupancy Hotels, he stated the following regarding children living in SoMA and Tenderloin SROs:

Children in the Tenderloin and SOMA SROs appear to have worse outcomes than those in Chinatown. More students in the Tenderloin (16%) and SOMA (22%) SROs receive special education services. Over four years, 655 children living in SROs were subjects of child abuse reports, with 213 being under the age of two, most from the Tenderloin and SOMA. Reports about children living in SROs were more likely to involve caretaker absence and neglect. (p. 6)

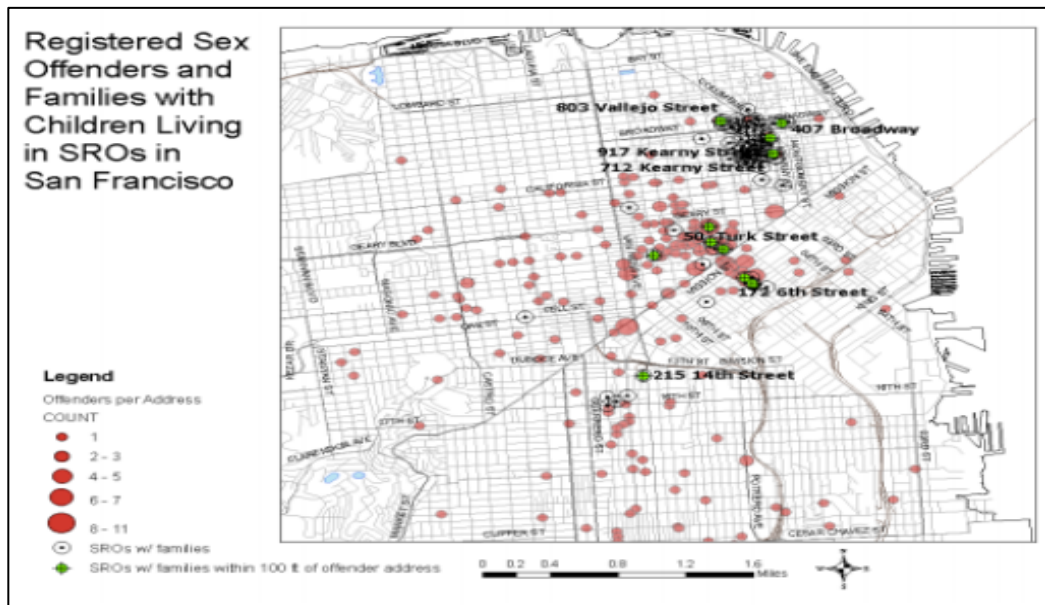


Figure 4. Registered Sex Offenders and Families with Children Living in SROs in San Francisco (source DPH)

Common adverse childhood experiences such as abuse (sexual, emotional, physical), neglect, and household dysfunction such as maternal depression, parental separation, and/or incarcerated parent all compound overtime and have long-term effects (Anda 2010). The environment inside and outside of SROs both lend to determine the health needs and future risky behaviors of adolescents (Lazaruz, et al., 2011). Children in SOMA and Tenderloin SROs account for the highest concentration of students who receive special education services in school and the highest number of referrals to child protective services, which were most likely to be attributed to substantiated caretaker absence and neglect (Kelly, 2009).

Krieger and Higgins (2002) research on the correlations between housing and health presents evidence on contributing factors of determinants of health and the role of public health advocacy. Krieger and Higgins (2002) research suggests that infectious and chronic diseases, injuries, childhood development and nutrition, mental health, and neighborhood effects are pervasive issues of substandard housing and argue that substandard housing is appropriate to be addressed by local public health departments.

They write:

This new era of unaffordable housing and the health and social disintegration that accompanies it will demand further public health attention. Sprawl that began almost 50 years ago with “White flight” from urban areas is also beginning to have deleterious effects on health and will likely result in an increased public health interest in housing, housing environments, and health. (p. 765)

Health and social problems that stem from a decrease in affordable housing no longer divide public sectors. It is evident that housing is an urgent health priority and reducing barriers to access resources that mitigate these determining factors can be in part addressed by community caseworkers.

Supportive Services for Families with Children Living in SROs

A report for the San Francisco Human Services Agency of San Francisco by William Leiter and Michael Shen (2009) addresses residents interest in collaborating with supportive services agencies and to study the business models of privately run SROs. Surveys were distributed to 441 privately run SROs in San Francisco to be filled out by hotel managers or owners (Leiter & Shen, 2009). The following figures show details of the characteristics of respondents living in SROs and interests in partnerships:

Neighborhood	Percent of responding SROs with residents of this type				
	Single adults	Seniors	Physically disabled	Families with children	People with mental health needs
Chinatown (n=33)	87.9	97.0	18.2	45.5	18.2
Mission (n = 8)	100.0	75.0	25.0	12.5	50.0
SOMA (n = 8)	100.0	87.5	37.5	12.5	50.0
Tenderloin (n =22)	86.4	77.3	27.3	18.2	31.8
Other (n = 11)	90.9	81.8	27.3	18.2	9.1
TOTAL (n = 82)	90.2	86.6	24.4	29.3	28.0

Figure 5. Type of Residents in SROs (Leiter & Shen, 2009, p. 6)

Neighborhood	Percent of responding SROs reporting interest in			Percent that did not answer
	Receiving information about social services	Receiving free training for ownership and staff	Having social service providers visit the hotel	
Chinatown (n = 33)	33.3	12.1	12.1	66.7
Mission (n = 8)	50.0	25.0	50.0	12.5
SOMA (n = 8)	75.0	37.5	37.5	12.5
Tenderloin (n = 22)	54.5	13.6	31.8	31.8
Other (n = 11)	18.2	0.0	9.1	81.8
TOTAL (n = 82)	42.7	14.6	23.2	48.8

Figure 6. Interests in partnerships to better serve the needs of residents (Leiter & Shen, 2009, p. 9)

Leiter and Shen's (2009) research builds upon Fribourg's (2009) SRO assessment.

Fribourg makes recommendations for coordinating supportive services for SRO residents.

The first is to organize caseworkers geographically to allow caseworkers to build extensive knowledge of the issues many residents face in SROs. Fribourg suggests geographic caseloads also leads to developing relationships with both desk clerks and tenants. The second recommendation Fribourg makes focuses on the need for a myriad of services to prioritize SRO families. For example, community resources such as childcare have long standing waiting lists. Early care and education programs could reserve program slots for children living in SROs. In turn, local and state funding could reimburse those program slots at a higher rate. Other programs such as after school programs and summer programs could follow in the same footsteps. Early care and education, after school programs, and summer programs can often provide enriching environments and space for learning and development.

Another area that could benefit SRO families is parenting education. For instance, families who have abuse and neglect reports sent to child welfare are often referred to home-based curriculum based on parenting education programs such as SafeCare, which is not inclusive of transitional housing situations (SROs, homelessness). It would be in the best interest of families living in SROs or any other type of transitional housing to have access to a curriculum based parenting class based on the current housing situation they are in which is central to their experience. Fribourg suggests that a coordinated strategy for working with SRO could lead to reaching a wider scope of the city's vulnerable population and preserve SROs as viable housing stock for the city.

The Value of Voice in Case Management

The research of Fribourg (2009) and Leiter and Shen (2009) provide significant evidence for the need for a more coordinated approach for case management services for SRO residents. However, caseworkers come from many different backgrounds and without the proper tools, case management services may unwillingly contribute to the pervasive cycles of oppression.

In case management, an exchange of information is a necessary part of the initial intake process. These initial phases of communication can contribute to the larger picture of breaking a silence. Collins (1998) states, “By speaking out, formerly victimized individuals not only reclaim their humanity, they simultaneously empower themselves by giving new meaning to their own particular experiences” (p. 48). The value of voice in supportive services such as case management can bring oppositional knowledge to oppression in search for justice.

Collins (1998) takes the idea “breaking the silence” further and states the following:

Since oppression applies to group relationships under unjust power relations, justice, as a construct, requires group-based or structural changes. For Black women as a collectivity, emancipation, liberation, or empowerment as a group rests on two interrelated goals. One is the goal of self-definition, or the power to name one's own reality. Self-determination, or aiming for the power to decide one's own destiny, is the second fundamental goal. (p. 45)

The Center for Health training in Oakland, California developed a training tool for the California Department of Public Health titled, “Fundamental Skills for Case Managers, A Self-Study Guide” written by Nancy Facher (2003). In this training tool, case management is defined as the following:

Case management involves a helping professional working with a client to help the client access services, clarify her/his goals, and develop skills to meet those

goals. The more a case manager understands the client, the more s/he can support the client, and the more change can occur. (p.9)

The training tool consists of four units: 1) essential communication skills, 2) case management challenges, 3) stages of development, and 4) assessments and individual service plans. For the purpose of this project, my inquiry will stay in the realm of essential communication skills. Unit one titled "Essential Communication Skills" covers the following chapters: developing relationships with clients; effective listening techniques; responding with empathy; confidentiality guidelines; and how to effectively interview and assess clients. The topics covered in the chapters are all very important skills required of a case manager, however, a guide for case managers such as this accepts the status quo as something determined.

Summary

There are advantages and disadvantages to living in an SRO. By understanding the many factors that contribute and formulate the SRO environment, human service needs of SRO residents, it is clear that by incorporating critical social theory framed prompting statements and/or questions as part of the initial communication process, one would give place for a narrative to begin.

CHAPTER III THE PROJECT AND ITS DEVELOPMENT

Description of the Project

The focus is on creating specific intake and narrative forms to increase uptake in services for SRO residents, particularly women with children. This process requires genuine interest in SRO residents' voice to build a conscious case plan. More often than not, intake forms and procedures are developed to be a catch all by asking yes or no questions. These forms take a wider account of the narrative the client has to voice. The narrative is not heard in terms to cheerlead and champion, it is a tool that is universal, culturally sensitive, flexible, and responsive. An opportunity for narrative can complement strength based approach that promotes self-sufficiency in clients. The project contains the following seven sections:

- Section 1 – South of Market Family Resource Center Narrative
- Section 2 – Snapshot: SRO Housing in San Francisco
- Section 3 – Intake Guide and Form
- Section 4 – Narrative Based Empowerment Plan
- Section 5 – Consent Form for Case Management
- Section 6 – Consent to Release Confidential Information

Development of the Project

For the past several years, I have worked as a community caseworker for various community based organizations in the city of San Francisco. Currently, I work for South of Market Family Resource Center, a neighborhood with a large population living in SROs. Since my arrival to the city of San Francisco I have worked primarily with

families with children living in SROs (Chinatown, Tenderloin, and SoMA respectively). As various programs would continuously partner me with families living in SROs, I have had the opportunity to get to understand living conditions that many families were experiencing. After collaborating with many families and following the guidelines and procedures set forth by a program, I found myself not quite being able to capture the narrative the families were attempting to communicate. As a result, the communication and case management process became hindered when initial meetings and home visits based the inquiry process on linear yes or no questions. It was this very process that led to question the effectiveness of program forms such as the initial, intake, or assessment when it functioned not as a tool, but as a reminder for the status quo. These forms did not leave any room for reflecting or building upon the intersectionality and complexities of everyday experiences. My goal became to find a way to incorporate people's narrative within a streamlined intake process, my project is a result of these ideas.

The Project

The project in its entirety can be found in the Appendix.

CHAPTER IV CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Unequal access to affordable and safe housing is only one intersection that many disenfranchised people will face. As long-standing communities are pushed out of their homes and leaving one of the only viable housing options to be SROs, a more focused approach to working with families inhabiting SROs should go into effect. The data provided on Fribourg's report viewed through a CST and Intersectionality lens could lead community caseworkers in a new direction for collaborating with families and children living in SROs. As the inequity gap widens, it is important to continue to develop work that takes into account the many different lived experiences of people. Narratives can serve as a source of strength and the listener can gain an understanding the way all the axioms of intersectionality play a part within our society. Self-definition as a way to name one's own reality can be a collaborative goal of both caseworkers and community members seeking services (Collins, 1998). Community caseworkers can use this as a way to view unjust power relations due to structural and systemic oppression and community members can use this tool to define and aim to decide one's own destiny. Case management programs based out of community based organization or city departments can be a catalyst for change and be redeemers of human dignity for those who suffer most from systemic sources of inequality.

Recommendations

Recommendations for future research include the use of the guide by caseworkers in real life situations, collecting input regarding the implementation of the guide both from the caseworker and the client and further development for a pathway to take the

collected narratives and present them in a way that affects housing policy. After the new approach has been used for a few months, it is recommended that input be collected in order to inform revisions to the form or the approach. It is equally valuable to gain input from the clients to see if they are happier with the service received and the general opinion about sharing more during the intake process.

REFERENCES

- Anda, R. (2007). *The Health and Social Impact of Growing Up With Alcohol Abuse and Related Adverse Childhood Experiences: The Human and Economic Costs of the Status Quo*. Retrieved from http://www.nacoa.org/pdfs/Anda%20NACoA%20Review_web.pdf
- Castro-Salazar, R., & Bagley, C. (2010). "Ni de aqui ni from there" Navigating between contexts: Counter-narratives of undocumented Mexican students in the United States. *Race, Ethnicity, and Education*, 23-40.
- Collins, P. (1998). *Fighting words: Black Women and the search for justice*. Minneapolis, MN: University of Minnesota Press.
- Facher, N. (2003). *Fundamental Skills for Case Managers, A self-study guide*. Oakland, CA: Center for Health Training.
- Family Resource Centers. (2015). Retrieved from Human Services Agency of San Francisco: <http://www.sfhsa.org/195.htm>
- Family Resource Centers. (2015). Retrieved from First 5 San Francisco: <http://www.first5sf.org/frc>
- Freeman, M., & Vasconcelos, E. (2010). *Critical social theory: Core tenets, inherent issues*. *New Directions for Evaluation*, 7-19.
- Freire, P. (2000). *Pedagogy of the Oppressed*. New York, NY: Continuum.
- Fribourg, A. (2009). *San Francisco's Single-Room Occupancy (SRO) Hotels: A Strategic Assessment of Residents and Their Human Service Need*. San Francisco. Retrieved from <http://www.sfhsa.org/asset/ReportsDataResources/CollectedSROReports.pdf>
- Gopaldas, A. (2013). *Intersectionality 101*. *Journal of Public Policy & Marketing*, 32, 90-94.
- Kelly, D. (2009). *Fiscal and policy implications for single room occupancy hotels*. Department of Aging and Adult Services, San Francisco. Retrieved from <http://www.sfhsa.org/asset/ReportsDataResources/CollectedSROReports.pdf>
- Kingston, M. (2003). *The fifth book of peace*. New York, NY: Knopf.
- Knudsen, S. (2007). *Intersectionality—A theoretical inspiration in the analysis of minority cultures and identities in textbooks*. *Caught in the Web or Lost in the Textbook*, (pp. 61-76).

- Krieger, J., & Higgins, D. L. (2002). *Housing and Health: Time Again for Public Health Action*. American Journal of Public Health, 92(5), 758-768.
- Lazarus, L., Chettiar, J., Deering, K., Nabess, R., & Shannon, K. (1982). *Risky Health Environment: Women sex workers' struggles to find safe, secure and non-exploitative housing in Canada's poorest postal code*. Social Science & Medicine, 73(11), 1600-1607.
- Leiter, W., & Shen, M. (2009). *A Survey of Private SRO Owners*. San Francisco, CA: San Francisco Human Services Agency.
- Leonardo, Z. (2009). *Race, Whiteness, and Education*. New York, NY: Routledge.
- Lorde, A. (1984). *Sister outsider: essays and speeches*. Trumansburg, NY: Crossing Press.
- McKay, C. (2010). *Community Education and Critical Race Praxis: The power of voice*. Educational Foundations, 25-38.
- Reed, D. (2006). *Poverty in California: Moving beyond the federal measure*. California Counts, 7(4). Retrieved from http://www.pplic.org/content/pubs/cacounts/cc_506drcc.pdf
- Reyes, K. B., & Curry Rodriguez, J. E. (2012). *"Testimonio": Origins, terms, and resources*. Equity & Excellence in Education, 45(3), 525-538.
- Shannon, K., Ishida, T., Lai, C., & Tyndall, M. W. (1982). *The impact of unregulated single room occupancy hotels on the health status of illicit drug users in vancouver*. Social Science & Medicine.
- Shepard, M. (1997). *Site-based services for residents of single-room occupancy hotels*. Social Work, 42(6), 585-592. Retrieved from <http://0search.ebscohost.com.ignacio.usfca.edu/login.aspx?direct=true&db=a9h&AN=62640&site=eds-live&scope=site>
- Siskin, A., & McCarty, M. (2012). *Immigration: Noncitizen eligibility for needs-based housing programs*. Congressional Research Service. Retrieved from <http://www.fas.org/sgp/crs/homesec/RL31753.pdf>
- Suarez-Orozco, C. (2004). *Formulating identity in a globalized world*. In Globalization: Culture and education in the new millennium. Berkeley, CA: University of California Press.

UN General Assembly. (1948, December 10). *Universal declaration of human rights*.

Weiser, S. D., Dilworth, S. E., Cohen, J., Tulsy, J. P., & Riley, E. D. (2009). *Gender-specific correlates of incarceration among marginally housed individuals in San Francisco*. American Journal of Public Health, 99(8), 1459-1463.
doi:10.2105/AJPH.2008.141655

Zimmerman, A., McDermott, M., & Gould, C. M. (2009). *The local is global: third wave feminism, peace, and social justice*. Contemporary Justice Review, 12(1), 77-90.

APPENDIX

Families in San Francisco's SROs:

Community Caseworkers' Guide to a Narrative Based Intake

Families in San Francisco's SROs:
Community Caseworkers' Guide to a Narrative Based Intake

South of Market Family Resource Center

First Edition | 2015

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Preface

As a caseworker in the South of Market neighborhood of San Francisco I was often working with families living in SROs whose housing situation was not widely discussed in terms of understanding it on a wider scale. Families living in SROs face a different set of challenges that without a firm understanding on the issues faced by residents, collaboration to meet service needs result in a substandard level of service. Without a coordinated strategy for working with SROs, service providers will continue to miss concentrations of persons who are at extreme risk – this projects aims to better equip caseworkers initial intake and communication process.

Introduction

This guide has seven sections involved with the case management intake process. The tools provided are encouraged for use with case management clients living in San Francisco's SROs.

The focus is on creating specific intake and narrative forms to increase uptake in services for SRO residents, particularly women with children. This process requires genuine interest in SRO residents' voice to build a conscious case plan. More often than not, intake forms and procedures are developed to be a catch all by asking yes or no questions. These forms take a wider account of the narrative the client has to voice. The narrative is not heard in terms to cheerlead and champion, it is a tool that is universal, culturally sensitive, flexible, and responsive. An opportunity for narrative can complement strength based approach that promotes self-sufficiency in clients.

By working with forms that can capture the service needs of residents, caseworkers can build knowledge about SROs, collaborate more readily across programs with other geographically assigned caseworkers, and build relationships with desk clerks and tenants that would result in earlier referrals of new clients and more proactive phone calls about existing clients who are struggling.

The tools provided for the intake process attempt to capture the intersectionality and provide a space for client narratives to rise to the surface. It is not the intention of this tool to persuade/coerce/convince clients to rewrite self-stories or to give the impression caseworkers need to encourage change; any change should be client led.

Narratives can be a source of strength in case management. It can help distance the client from problem by locating it outside the individual and within the culture, in result; the caseworker and client can ally against the problem (structural or personalistic).

South of Market Family Resource Center Narrative

The South of Market Child Care Family Resource Center (SOMACC FRC) provides support services to families with children 0-17 who live in the South of Market (SOMA) as well as other areas of San Francisco. Services are offered at the FRC at the Yerba Buena Gardens and at our satellite site at 685 Natoma as well as other locations in the community convenient to families. The goal of our program is to strengthen families and the community by offering quality family support programs that include parenting education and support, access to resources and opportunities, promoting school readiness and school success and community building. SOMACC FRC provides individual services such as information and referral, advocacy, assistance with accessing benefits, and basic needs assistance through a small food pantry and clothes closet. Case management is provided at our two sites and staff are available to meet at Bessie Carmichael School to assist school age children and their families. Outreach to SOMA's low-income housing and SRO residents also ensures that we are reaching some of the most isolated members of the community. Group services provided include parenting classes, support groups, parent-child interactive groups and workshops and classes in English, Spanish and Tagalog. SOMACC FRC continues to provide services that the community needs such as the monthly respite care (drop-in child care), and recreational activities for families that promote positive relationship among families and community members to so that families' needs are met through collaborations with agencies that go outside our scope of work.

Staff work in collaboration with SOMA community groups and residents to address community issues and concerns, and facilitate referrals to other agencies. The FRC employs multicultural and multilingual staff that meets the needs of our low-income families by providing many services in English, Spanish, and Tagalog. We greatly maximize utilization of our services through outreach. Parents are our primary source of new families as they tell their neighbors and friends of the services they receive from the FRC's trusted staff. Offering child watch and healthy meals at most of our programs also helps maximize attendance while meeting participants' basic needs.

All FRC staff will provide case management depending on language and assessment of need. These services in English, Spanish, and Tagalog are provided to families who need a higher level of individualized support to access available services and resources. Staff do initial intake and maintain case notes and a log of meetings. Families access these services through home visits, drop-ins, referrals, and requests for assistance as program participants.

Snapshot: SRO Housing in San Francisco

The Universal Declaration of Human Rights states, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” The SRO hotel exists in most North American cities as the housing of last resort for those with the most limited incomes and resources. SROs house vulnerable populations, acting as a safety valve on homelessness. Despite the links between marginalized housing, illicit drug use and poor health outcomes, unregulated SROs have remained largely at the periphery of harm reduction policy and practice (Shannon, Ishida, Lai, & Tyndall, 2005).

In San Francisco, families living in SROs are considered categorically homeless. SRO hotels vary in the quality of life they offer residents. SROs serve as one of the only affordable housing options in San Francisco, especially in neighborhoods known to house many of its incoming immigrant populations. Neighborhoods such as the Tenderloin, South of Market (SoMA), Chinatown, and the Mission have held on to the quickly disappearing SROs. A standard SRO unit contains a small single room (~100 sq. feet) with a mattress, occasional cooking facilities, and toilet facilities that are usually shared by all residents on a floor of a hotel.

In San Francisco, the number of homeless and marginally housed males outnumbers homeless and marginally housed females — over 60% of SRO residents are male. In turn, this creates a dominantly male culture in the hotels (Kelly, 2009). Males outnumber females in



African-American, Latino, Native American, and white ethnic groups. This statistic frames the issues faced by women and children living in SROs, in which supportive services, if any, are designed through the lens of a majority group. Between March and June, 2009, more than half of all San Francisco's crimes in the following categories occurred in the four neighborhoods with a high number of SROs: assault; burglary; drug/narcotic, larceny/theft, robbery, and forcible sex offenses (Kelly, 2009). Gender, race, class, sexual orientation and other axis of identities play a major role in the lived experiences of women and their families in SROs.

South of Market SROs

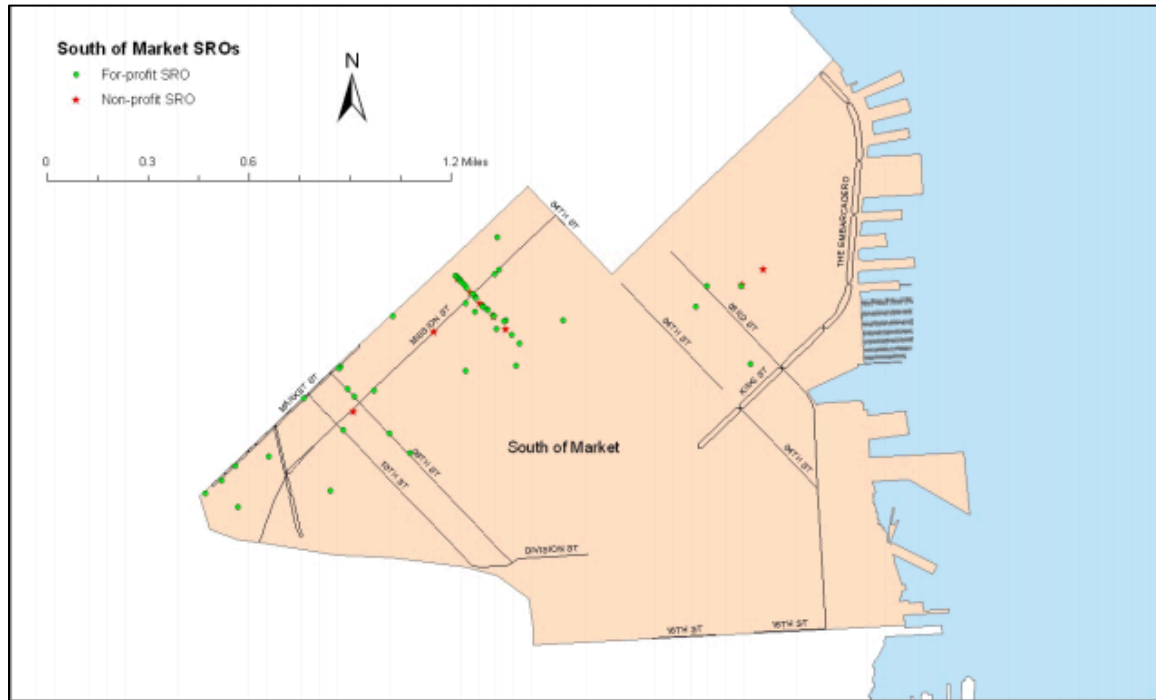


Figure 2. SROs in SoMA (Fribourg, 2009)

Tenderloin SROs



Figure 3. SROs in Tenderloin (Fribourg, 2009)

Between March and June, 2009, more than half of all San Francisco's crimes in the following categories occurred in the four neighborhoods with a high number of SROs: assault; burglary; drug/narcotic, larceny/theft, robbery, and forcible sex offenses (Kelly, 2009). Gender, race, class, sexual orientation and other axis of identities play a major role in the lived experiences of women and their families in SROs.

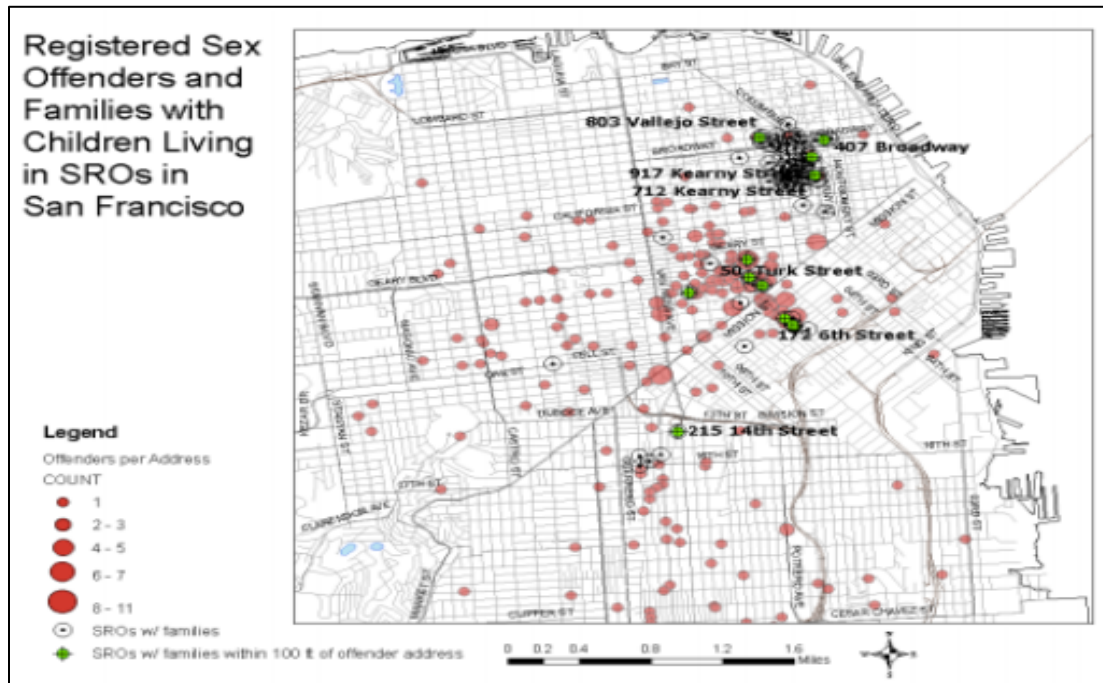


Figure 4. Registered Sex Offenders and Families with Children Living in SROs in San Francisco (source DPH)

In a report for Fiscal and Policy Implications for Single Room Occupancy Hotels, Dan Kelly (2009) stated the following regarding children living in SoMA and Tenderloin SROs: “Children in the Tenderloin and SOMA SROs appear to have worse outcomes than those in Chinatown. More students in the Tenderloin (16%) and SOMA (22%) SROs receive special education services. Over four years, 655 children living in SROs were subjects of child abuse reports, with 213 being under the age of two, most from the Tenderloin and SOMA. Reports about children living in SROs were more likely to involve caretaker absence and neglect.” (p. 6)

There are advantages and disadvantages to living in an SRO. By understanding the many factors that contribute and formulate the SRO environment, human service needs of SRO residents, it is clear that by incorporating critical social theory framed prompting statements and/or questions as part of the initial communication process, one would give place for a narrative to begin.

GUIDE TO INTAKE FORM

Purpose: The form is used to gather basic identifying and demographic information about families; it provides an overview of the services needed by the families at the time of intake; it identifies which services the family will be enrolled in at the time of intake.

When to use: All families engaging in programs. Complete as soon as possible after the decision has been made that a family will be receiving services or activities.

Validity: As long as case is opened. Check-in suggested from time to time re: change/s in information (e.g., address, contact info, school, etc.). Update if necessary.

Required data:

Intake Date: The date the form is being completed.

Name of Staff: Identify the staff person who completed the intake form with the family.

Family Names and Contact Information: Addresses, phone numbers, email addresses, and other pertinent contact information for the parent/caregiver(s) and/or their children.

Age(s) and/or birthdates of Primary Caregiver(s) and their children: This will help us keep track of the average age of parents or caregivers and their children receiving services

Parent Gender(s): This will help keep track of the average gender of the primary caregiver receiving services.

Ethnicity and Primary Language: Note the caregiver's ethnicity and the language spoken primarily in the home.

CalWorks Recipient: Check whether parents get CalWorks for themselves or their children.

Presenting Needs and Concerns: Brief statement in the family's words of the initial concerns of the family.

CPS Involvement: This will help keep track of child welfare-related cases receiving services.

Special Needs: Identify if any member of the family has special needs and specify area/s of need. Example of "Other" will be socio-emotional (behavioral) for children.

Service Needs: A list of the initial service needs of the family.

Service Enrollment/Plan: Identify what DR and/or other services the family will be enrolled in.

Emergency Contact Information: Contact information for a person who could be contacted in case of an emergency affecting the family

SOMA FRC FAMILY INTAKE AND SCREENING FORM

Intake date: ____/____/____

Staff Person Assigned to this family: _____

Parent/Caregiver Information☐ Check here if single parent household

Primary Parent/guardian _____ Ethnicity _____ Relation to Child _____

Date of Birth _____ Age _____ Gender ☐ M ☐ F ☐ Other _____ CalWorks Recipient? Y ☐ N ☐

Second Parent/guardian _____ Ethnicity _____ Relation to Child _____

Date of Birth _____ Age _____ Gender ☐ M ☐ F ☐ Other _____ CalWorks Recipient? Y ☐ N ☐

Address _____ Zip Code _____ Phone _____

Email _____ Other contact info _____

Primary Language Spoken in the home _____

Children Information

Name (Last, First)	Gender	Birth date	Age	Special Needs	School Name/Grade
1. _____	M F T	____/____/____	____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
2. _____	M F T	____/____/____	____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
3. _____	M F T	____/____/____	____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
4. _____	M F T	____/____/____	____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____

☐ Check here if more children are listed on the back**Other Helpful Information**Is there CPS involvement? Y ☐ N ☐Is there a family member with special needs? Y ☐ N ☐

If Yes, please specify: ____ Speech/ Language ____ Occupational ____ Educational ____ Physical d/a ____ Other

Presenting Needs and Concerns (in participant's words):**Service Needs** (check all that apply and describe):

- ☐ Health, special needs: _____ Mental Health _____ Medical _____ Immunizations _____
- ☐ Family relations/parenting: _____
- ☐ Legal/immigration: _____
- ☐ Child care: _____
- ☐ Education/school system advocacy: _____
- ☐ Employment/Vocational training: _____
- ☐ Housing: _____
- ☐ Food/clothing: _____
- ☐ Domestic violence: _____
- ☐ Translation: _____
- ☐ Finances/Entitlements: _____
- ☐ Transportation: _____
- ☐ Other: _____

Service Plan (only check services that the family is being enrolled in today):

- | | | |
|--|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Support Group | <input type="checkbox"/> Community Workshops |
| <input type="checkbox"/> Comprehensive I&R | <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Parent-Child Interaction Group |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Other (Specify) |

Emergency Contact's Name _____

Phone _____

Relationship to Primary Parent/ Caregiver _____

Name of Staff Completing Intake with Family: _____

FRC INTAKE FORM - ADDENDUM (FOR CLIENTS UNDER 18 YRS)

Purpose: The form is used to gather information and provide more specific information than the general intake form about the child as the primary client.

When to use: For all children and youth under 18 identified as primary client. Complete as soon as possible after the decision has been made that a family will be receiving services or activities.

Validity: As long as case is opened. Check-in suggested from time to time re: change/s in information (e.g., address, contact info, school, etc.). Update if necessary.

Instructions: Fill in all the required information. Must be used with the intake form.

Required data

Education Information: School, school address and phone number, grade level, the classroom teacher or case manager (as the contact person), and child's strengths and challenges at school per teacher's report.

Child Welfare: For open or previously opened CPS cases, gather information about social worker assigned to the case and contact information to get more information about the case.

Other Agencies Serving the Child/ Adolescent: After-school programs and clubs, volunteer positions in agencies, etc.

FRC Intake Form
ADDENDUM (for Clients under 18 years)

EDUCATION INFORMATION:

School _____ Grade _____
Address _____ Phone _____
Contact Person _____
Identify progress/ problems in school

CHILD WELFARE:

Have there been allegations of child abuse/ neglect? Yes ☐ No ☐

Case Opened? Yes ☐ No ☐ Date (if known) _____

Agency involved _____

Address _____

Contact Person _____ Phone _____

Other information

OTHER AGENCIES SERVING THE CHILD/ ADOLESCENT:

Agency/ Service Contact Phone

OTHER (Include relevant information such as mental health, family history, family interactions, problem behaviors, recreational activities, coping mechanisms)

NARRATIVE-BASED EMPOWERMENT PLAN

Purpose: The Narrative based empowerment plan is an individualized, personalized plan for families supports, formal and informal. The plan identifies the support the person has chose, the person's desired outcomes, who is responsible, and the target dates for completion.

When to complete: This form is required for all case management clients presenting to be a longer-term case (3-6 months) and is to be complete within 30 days of initial intake. The plan is updated during three-month reassessment periods, or whenever client support needs change.

Specific Instructions: The goals are related to the service needs presented by the client. Take note of the client's goals in their own words.

Spaces are provided for both the client and caseworker's perspective on the case. Review the plan with client and upon their agreement, have them sign and date the form.

NARRATIVE-BASED EMPOWERMENT PLAN

Date: _____

Name: _____

Major goal (in family member's words): _____

Family strengths and resources (in family member's words): _____

Family strengths and resources (in caseworkers' words): _____

Concerns (in family member's words): _____

Concerns (in caseworkers' words): _____

Notes: _____

Services available: _____

Next meeting, date, time, place: _____

Family member's signature: _____

Worker's signature: _____

CONSENT FOR CASE MANAGEMENT SERVICES

Purpose: The purpose of this form is to ensure that each family has been informed of the agency's scope of responsibilities as well as the participants' rights and responsibilities. This information includes general limitations to confidentiality and reporting requirements. The form may also be used to provide for any needed authorization for family members to participate in the program.

When to use: All clients engaging in case management services. Complete at the time of intake into the program.

Validity: 1 yr for child clients; 3 years for adult clients – forms need to be signed again before expiration date to continue services. Clients can terminate consent at any time.

Specific Instructions: After explaining the services and what is stated in the form, have the primary parent(s) or caregiver(s) sign and date the form. Case manager indicates expiration date and informs the parent of the indicated date. Sample form attached.

**SOUTH OF MARKET CHILD CARE, INC.
FAMILY RESOURCE CENTER
CONSENT FOR CASE MANAGEMENT SERVICES**

Our family is applying to receive services through South of Market Family Resource Center. I understand that there may be some exchange of information between the agencies serving my family in order to better serve our needs. I also understand that the staff from these agencies will keep my family's information confidential. I understand that there are exceptions to the confidentiality rights. The situations in which system staff cannot keep information confidential include:

- When there is an expressed or suspected intent to harm self or others.
- When there is a reason to suspect child abuse or neglect, elder abuse or neglect of dependent adults.

I authorize my child(ren) to participate in services from South of Market Family Resource Center if applicable. I understand that the agencies in will not share information about my family outside the South of Market Family Resource Center without a valid release to do so. I also understand that I can revoke this consent at any time. In any event, this consent expires automatically one year after the date of signature.

I understand this Family Resource Center receives public funds from various San Francisco city and county departments and that these funders collect information about participants of their programs so that they can make sure programs are strong and families get what they need. This information will be protected and kept private unless one of the exceptions outlined in this form occurs.

The South of Market Family Resource Center services have been explained to my satisfaction.

I understand that I may withdraw my consent and terminate the services at any time; otherwise, this consent expires on:

Date

Name

Date of Birth

Parent/ Guardian/ Caregiver Name (for clients <18 y.o.)

Relationship

Signature

Date

Your telephone number and a good time to reach you

CONSENT TO RELEASE CONFIDENTIAL INFORMATION**Purpose:**

This form is used to protect client's confidentiality such that the release of information will only be to specific agencies/ organizations and about specific information that parent/ caregiver consents to.

When to use: For all clients enrolled in programs—forms are to be accomplished every time a staff needs to communicate to a different agency re: client. Signed release by client is required before information exchange. Parents (custodial parents in cases of divorce/ separation) can only sign the release for clients under 18 except for cases where minor consent is in place.

Validity: Usually 1 year, but can be shorter depending on client's need/ request.

Specific Instructions: After explaining what is stated in the form, have the primary parent(s) or caregiver(s) sign and date the form. Worker asks authorization for specific services (where applicable). Worker also indicates expiration date and informs the parent of the indicated date. A different staff (not the staff getting the parent/ caregiver to sign) can sign as the Witness when additional staff is available.

**SOUTH OF MARKET FAMILY RESOURCE CENTER
CONSENT TO RELEASE CONFIDENTIAL INFORMATION**

I, _____ hereby authorize
(Name of client/ parent/ guardian)

(Agency/ person/ program making disclosure)

To release the following information to:

_____ as may be
(Name of person/s/ organization to which disclosure is to be made)

as may be necessary for the development, coordination and provision of services to me and my family.

Description of information to be released/ exchanged/ obtained:

_____ Medical/Health/EMT Records	_____ Home Care/Home Health Records
_____ Psychiatric Records	_____ Mental Health Records
_____ Psychosocial History	_____ Financial Records
_____ Psychological Test Results	_____ Immunization Records
_____ Student School Records	_____ Statement of Legal Status and Custody
_____ Other (specify)	

I also understand that I may withdraw this consent at any time except to the extent that action has already been taken in reliance on it, and that in any event this consent expires automatically on:

(Date)

Signature _____ Date _____
[] Client, [] Parent, [] Legal Guardian, [] Other (Specify)

Signature _____ Date _____
[] Client, [] Parent, [] Legal Guardian, [] Other (Specify)